CIK: 1124743

FORM D

02010885

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OM | B APPR | OVAL |
|-------------|-----------------|--------|
| OMB Numb | 3235-0076 | |
| Expires: | nber 30, 2001 | |
| Estimated a | urden 216.00 | |
| SEC | ONLY | |
| Prefix | | Serial |
| | | |
| DAT | EIVED | |
| | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing | 21-3882+ | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment | Section 4(6)-5 ULOE | | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | US DESCRIPTION | | | | | | | | | |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Big Rear Networks Inc. | . POST LAYEL | | | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 1591 McCarthy Boulevard, Milpitas, CA 95035 | Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area C | | | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same | Telephone Number (Including Area (| | | | | | | | | |
| Brief Description of Business Development of Fiberoptic Technology | | | | | | | | | | |
| Type of Business Organization Corporation Imited partnership, already formed | PROCESSED | | | | | | | | | |
| business trust limited partnership, to be formed other | r (please specify): IAN 2 4 2002 | | | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Year | Actual Estimated THOMSON FINANCIAL | | | | | | | | | |
| CN for Canada; FN for other foreign jurisdiction) | D E | | | | | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

· ATTENTION ·

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | | | | _ | | | | |
|---|---|-----------------------------------|--|-------------|---------------------------------------|--------------|-----------|------------------------------------|
| | | A | . BASIC IDE | ENTL | FICATION DATA | | | |
| Each beneficial ownEach executive office | e issuer, if the issuer her having the power to | ias been o vote o porate is | r dispose, or direct the ssuers and of corporate | vote | | | | securities of the issuer; nd |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | <u> </u> | | | | | |
| Adams, Laura | | | | | | | | |
| Business or Residence Addre | ss (Number and Stre | et, City | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | vard, I | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | | | | |
| Goetz, James | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Business or Residence Addre | ss (Number and Stree | et, City | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | vard, l | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | ⊠ | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, is | f individual) | | | | | | | |
| Martin, Lloyd | | | | | | | | |
| Business or Residence Addre | • | - | | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | vard, I | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, in Mattia, John P. | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and Stre | et, City | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | vard, I | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and Stre | et. Citv | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | evard, I | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | \boxtimes | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, in Thompson, Mark | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and Stre | et, City | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | 91 McCarthy Boule | evard, l | Milpitas, CA 95035 | | | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | , | | | | |
| Business or Residence Addre | ss (Number and Stre | et, Citv | , State, Zip Code) | | | | | |
| Big Bear Networks, Inc., 15 | | | • • | | | | | |
| | • | | | litiona | d copies of this sheet | , as no | ecessary) | |
| | | | [0 | Click | | | | |

| | | A | . BASIC IDI | ENTL | FICATION DATA | | | | |
|--|-----------------------|-------------|---------------------------------------|----------|------------------------|-------------|-----------|---------|------------------------------------|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | | General and/or Managing Partner |
| Full Name (Last name first, in Bredt, Thomas | f individual) | | | | | | | | |
| Business or Residence Addre | • | - | | | | | | | |
| Menlo Ventures, 3000 Sand | | 4, Su | · · · · · · · · · · · · · · · · · · · | , CA | | K - 71 | | | |
| Check Box(es) that Apply: | Promoter | <u></u> | Beneficial Owner | <u> </u> | Executive Officer | \boxtimes | Director | _ U | General and/or Managing Partner |
| Full Name (Last name first, it Shamapant, Venu | f individual) | | | | | | | | |
| Business or Residence Addre Austin Ventures, 701 Brazo | - | | - | , | | | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, in Accel Partners | f individual) | | | | | | | | |
| Business or Residence Addre | ss (Number and Stree | t, City | , State, Zip Code) | | | | | | |
| 428 University Avenue, Pale | o Alto, CA 94301 | | | | | | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | | | | | |
| Austin Ventures | | | | | | | | | |
| Business or Residence Addre | ss (Number and Stree | t, City | , State, Zip Code) | | | | | | , |
| 701 Brazos, Suite 1400, Aus | tin, TX 78701 | | | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, i Menlo Ventures | f individual) | | | | | | | | |
| Business or Residence Addre | ` | | • | | | | - | | |
| 3000 Sand Hill Road, Build | | | | | | | | | , |
| Check Box(es) that Apply: | Promoter Promoter | <u>⊠</u> | Beneficial Owner | | Executive Officer | ⊔ — | Director | | General and/or Managing Partner |
| Full Name (Last name first, i Sequoia Capital | f individual) | | | | | | | | |
| Business or Residence Addre | ss (Number and Stree | t, City | , State, Zip Code) | | | | | | |
| 3000 Sand Hill Road, Build | ing 4, Suite 280, Mer | ılo Pa | rk, CA 94025 | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | | | X | | . 100 |
| Business or Residence Addre | ess (Number and Stree | t, City | , State, Zip Code) | | | | | , | |
| | (Use blank | sheet | , or copy and use add | litiona | l copies of this sheet | , as n | ecessary) | | |
| · · · · · · · · · · · · · · · · · · · | / | | | | | * | | | |

[Click Here and choose Add Section A Page button from Toolbar to add more names or Click and press DEL.]

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| | | | | В. | INFOR | MATION A | ABOUT OF | FERING | | | | |
|----------------|--|--|------------------|----------------|---|-----------------|---|---|---------------|---|---------|-------------|
| 1. H | . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | No ⊠ |
| 2. W | | | | | | | | | | | | N/A |
| 3. D | oes the offerin | Yes ⊠ | No | | | | | | | | | |
| | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar | | | | | | | | | | | |
| p∈ th | erson or agent of an five (5) per | solicitation of portion of solicitation of portion of a broker or descens to be listed | aler registered | l with the SE | C and/or wit | h a state or st | ates, list the r | name of the b | roker or deal | er. If more | | |
| | aler only. me (Last name | first, if individ | ual) | | | | | | | | | |
| N/A | | | | | | | | | | *** | | |
| Busines | s or Residence | Address (Num | ber and Stree | t, City, State | , Zip Code) | | | | | | | |
| Name o | f Associated I | Broker or Dealer | r | | | | | | | *************************************** | | |
| States in | n Which Perso | n Listed Has So | olicited or Inte | nds to Solic | it Purchasers | | · | | | | | |
| . (Che | ck "All States | or check indiv | iduals States) | | | | *************************************** | ······ | | | ☐ Al | 1 States |
| [AI | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [M | T] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI |] [SC] | [SD] | [TN] | [TX] | (UT) | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Na | me (Last name | e first, if individ | lual) | | | | | | | | | |
| N/A Busines | s or Residence | Address (Num | ther and Stree | t City State | Zin Code) | | | | | | | |
| | | | | ., 2,, 2 | , =.p ====, | | | | | | | |
| Name o | f Associated I | Broker or Dealer | r | | | | | | | | | |
| States i | n Which Perso | n Listed Has So | olicited or Inte | ends to Solic | it Purchasers | i | | | | · | | |
| (Che | ck "All States | or check indiv | iduals States) | | *************************************** | | ••••• | | | | ☐ A | 1 States |
| [Al | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL |] [IN] | [IA] | [KS] | [KY] | [LA] | [ME]. | [MD] | [[MA] | [MI]. | [MN] | [MS] | [MO] |
| [M | T] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] . | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI]. | [WY] | [PR] |
| | me (Last name | e first, if individ | lual) | | | | | | | - | <u></u> | |
| N/A Busines | ss or Residenc | e Address (Num | nber and Stree | t, City, State | e, Zip Code) | | | | | | | |
| Name o | of Associated I | Broker or Deale | r | | | | | | | | | *** |
| States i | n Which Perso | on Listed Has So | olicited or Inte | ends to Solic | it Purchasers | <u></u> | | A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | |
| (Che | ck "All States | or check indiv | riduals States) | | | | •••• | ••••• | | | □ A | ll States |
| [A] | L] [AK | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL |] [IN]. | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [M | T] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

[Click

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | | |
|----|---|--------------------------|----------------|--------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate | A m.o.u. | nt Almoody |
| | Type of Security | Aggregate Offering Price | | nt Aiready Sold |
| | Debt | \$0.00 | \$ | 0.00 |
| | Equity | \$ 41,009,900.00 | \$ <u>34,9</u> | 999,954.05 |
| | Common Preferred | | | |
| | Convertible Securities (including warrants) | \$0.00_ | \$ | 0.00 |
| | Partnership Interests | \$0.00 | \$ | 0.00 |
| | Other (Specify) | \$0.00_ | \$ | 0.00 |
| | Total | | \$ 34,9 | 999,954.05 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number Investors | Dolla | gregate r Amount urchase |
| | Accredited investors | 12 | \$ <u>34,9</u> | 99,954.05 |
| | Non-accredited Investors | 0 | \$ | 0.00 |
| | Total (for filings under Rule 504 only) | 0 | \$ | 0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | |
| | Type of Offering | Type of Security | | r Amount Sold |
| | Rule 505 | | \$ | 0.00 |
| | Regulation A | | S | 0.00 |
| | Rule 504 | | \$ | 0.00 |
| | Total | | \$ | 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | \$ | 0.00 |
| | Printing and Engraving Costs | | \$ | 0.00 |
| | Legal Fees | | \$ | 0.00 |
| | Accounting Fees | \boxtimes | S | 70,000.00 |
| | Engineering Fees | | \$ | 0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ | 0.00 |
| | Other Expenses (identify) | | \$ | 0.00 |
| | Total | \boxtimes | \$ | 70,000.00 |
| | | | | |

| | . C. OFFER | ING PRICE, NUMBER OF INVESTOR | RS, EXPENSES AND | USE OF PR | OCEEDS | | |
|-----|--|---|------------------------|---------------|--|--------------------------|-----------------|
| · | total expenses furnished in response to proceeds to the issuer." | regate offering price given in response to Part C - Question 4.a. This difference is the | e "adjusted gross | d | | \$ <u>40,93</u> | 9,900.00 |
| 5. | the purposes shown. If the amount for a | ed gross proceeds to the issuer used or propo my purpose is not known, furnish an estimat rments listed must equal the adjusted gross b above. | e and check the box to | the | | | |
| | | | · | Officers, D | ents to Directors & iates | - | ents To ners |
| | Salaries and fees | | | . 🔲 \$ | 0.00 | □ s | 0.00 |
| | Purchase of real estate | | | . 🔲 \$ | 0.00 | □ \$ | 0.00 |
| | Purchase, rental or leasing and installat | ion of machinery and equipment | | . 🔲 \$ | 0.00 | □ \$ | 0.00 |
| | Construction or leasing of plant building | gs and facilities | | . 🔲 \$ | 0.00 | □ s | 0.00 |
| | | ing the value of securities involved in this rities of another issuer pursuant to a merge | | . 🗌 \$ | 0.00 | □ s | 0.00 |
| | Repayment of indebtedness | | | . 🗆 \$ | 0.00 | □ s | 0.00 |
| | Working capital | | | . 🔲 \$ | 0.00 | ⊠ \$ <u>40,93</u> | 39,900.00 |
| | Other (specify): | | ••••• | . 🗆 \$ | 0.00_ | □ \$ | 0.00 |
| | Column Totals | | | . 🗆 \$ | 0.00 | ⊠ \$ <u>40,</u> | 939,900.00 |
| | Total Payments Listed (column to | otals added) | | . 0 | \$ <u>40,939</u> , | 900.00 | |
| _ | | D. FEDERAL SIG | GNATURE | | | | |
| unc | | ted by the undersigned duly authorized person courities and Exchange Commission, upon wi of Rule 502. | | | | | |
| Iss | uer (Print or Type) | Signature | r | ate a = 1 | | | |
| | g Bear Networks, Inc. me of Signer (Print or Type) | Title of Signer (Print or Type) | | 12/27/0 | (| | |
| | rk Thompson | Chief Executive Officer and Pres | ident | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | ATTENTIO | | | *** ** * * * * * * * * * * * * * * * * * | | |
| | Intentional Misstateme | ents or Omissions of Fact Constitute Fed | eral Criminal Violati | ons. (See 18. | . U.S.C. 100 | 1.) | |